

Arizona Department of Agriculture 1688 W. Adams Street, Phoenix, Arizona 85007

(602) 542-6408 FAX (602) 542-5420

APPLICATION FOR ANNUAL PERMIT HARVEST RESTRICTED NATIVE PLANTS

APPLICANT:					
	Last Name		First Name		
BUSINESS NAME :	:				
ADDRESS:					
No. and Street		City	State	Zip	
MAILING ADDRES	Street/Box No.	011	01.1		
		City	State	Zip	
TELEPHONE:					
I AM DECLIESTIN	G PERMISSION TO C	OLLECT (Type of	Dlants)		
I AW REQUESTIN	G PERIVITSSION TO C	OLLECT (Type of	ridilis)		
-					
FEES:*					
Annual permit f	fee is \$35.00.				
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	remitted to the Department of Agriculture, along with the weight certificates, no later than				
	following month in whi				
 Must be mailed 	to: Arizona I	Department of Ac	ıriculture		
Attn: Native Plants – Licensing & Registration					
	1688 West Adams St.				
	Phoenix, AZ 85007				
All permits expire o	n December 31, of each	n year, unless revol	ked or renewed prior to t	hat time and date.	
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If you have any que	estions pertaining to the	e Harvest Restricted	d permit, please call 602-	364-0907.	
SIGNATURE OF A	PPLICANT:		DATE:		

* FAILURE TO SUBMIT PROPER FEES, CERTIFIED WEIGH CERTIFICATES, AND PERMISSION OF LANDOWNER OR LETTER STATING NO HARVESTING WAS CONDUCTED WILL BE GROUNDS FOR PERMIT **REVOCATION OR DENIAL.**